

Washington, D.C. – Congressman Joe Sestak (PA-07) today joined a bipartisan majority in the House of Representatives in support of landmark legislation that will extend and expand a key initiative to combat HIV/AIDS, tuberculosis, and malaria around the globe. The Lantos-Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization was approved by a vote of 308-116. — “The HIV/AIDS epidemic daily affects some 6,000 people around the world, and today there are some 40 million people who are HIV-positive. The passage of this critical bill represents an important step in combating this global epidemic,” said Congressman Sestak. “Furthermore, the \$50 billion authorized by this bill was done under a fiscally-responsible pay-as-you-go-system.”

In May 2003, on a bipartisan basis, the Congress enacted the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, which authorized \$15 billion over five years for U.S. contributions to both bilateral and multilateral efforts. It was based on the President’s Emergency Plan for AIDS Relief, which he unveiled in January 2003. Over the last five years, this program has been critical-particularly in sub-Saharan Africa –having provided life-saving drugs to almost 1.5 million AIDS patients and having promoted successful programs to prevent the spread of the HIV infection.

This carefully crafted bipartisan compromise—worked out between House Democrats, House Republicans and the Bush Administration—reauthorizes and expands this key initiative over the next five years, authorizing \$10 billion a year through FY 2013 for a total of \$50 billion.

The bill’s goals include, preventing 12 million new HIV infections by 2013; providing life-saving drugs for 3 million AIDS patients; providing medical and non-medical care for 12 million people (including 5 million orphans); and training 140,000 new health care workers.

Key features of HIV/AIDS policy:

- Increasing the authorization for U.S. contributions to the Global Fund from \$1 billion to \$2 billion per year.
- Overturning the controversial and ineffective 1/3 abstinence-only requirement that applies to global HIV/AIDS prevention funding and promotes a “balanced” prevention program in target countries, including all elements of the Abstinence, Faithfulness, and Condoms (ABC) approach towards HIV prevention.

- Requiring a report to Congress if behavioral change programs, such as abstinence and fidelity, do not receive 50% of the funds devoted to the prevention of sexual transmission of HIV in countries in which there is a generalized HIV epidemic.
- Strengthening language on countering HIV/AIDS for victims of trafficking.
- Enhances programs to prevent mother-to-child transmission of HIV and strengthens programs to address HIV transmission to women and youth more comprehensively.
- Authorizes the expenditure of global HIV/AIDS funding to provide HIV/AIDS testing and counseling services in family planning programs supported by the U.S. government.
- Authorizes HIV/AIDS programs to include linkages to food and nutrition programs to support individuals with HIV/AIDS and those who are in treatment for the disease.
- Sets targets to treat 3 million people, prevent 12 million new infections, provide care for 12 million people living with HIV/AIDS including 5 million orphans with HIV/AIDS, and train health professionals for HIV/AIDS prevention treatment and care.
- Strengthens the role of the Coordinator of United States Government Activities to Combat HIV/AIDS Globally.

#### Key Features of Tuberculosis Policy:

- Incorporates H.R. 1567, the Stop Tuberculosis (TB) Now Act of 2007 sponsored by Congressman Engel.
- Creates linkages and requires patient referrals between HIV/AIDS and TB programs.
- Creates new strategy to stop TB by enhancing testing and treatment in countries with high TB rates.
- Creates new strategies for attacking MDR and XDR forms of drug-resistant TB.
- Provides assistance for the World Health Organization Stop Tuberculosis Partnership to meet WHO goals to cut TB deaths and infections in half by 2016.
- Authorizes \$4 billion in funding for stop TB programs for FY 2009-2013 out of the overall amounts authorized by the Act.
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#### Key Features of Malaria Policy:

- Requires the President to develop a comprehensive 5-year strategy to combat malaria globally and strengthen United States leadership against this disease.
- Creates a new Coordinator of United States Government Activities to Combat Malaria Globally.
- Authorizes United States contributions to the WHO Roll Back Malaria Partnership to improve capacity of countries with high rates of malaria to address the disease.
- Supports Center for Disease Control and National Institutes of Health clinical research for new diagnostics, treatments and interventions to prevent, cure and control malaria.

- Authorizes \$5 billion in funding for programs to combat malaria for FY 2009-2013 out of the overall amounts authorized by the Act.

Born and raised in Delaware County, former 3-star Admiral Joe Sestak served in the Navy for 31 years and now serves as the Representative from the 7th District of Pennsylvania. He led a series of operational commands at sea, including Commander of an aircraft carrier battle group of 30 U.S. and allied ships with over 15,000 sailors and 100 aircraft that conducted operations in Afghanistan and Iraq. After 9/11, Joe was the first Director of "Deep Blue," the Navy's anti-terrorism unit that established strategic and operations policies for the "Global War on Terrorism." He served as President Clinton's Director for Defense Policy at the National Security Council in the White House, and holds a Ph.D. in Political Economy and Government from Harvard University. According to the office of the House Historian, Joe is the highest-ranking former military officer ever elected to the U.S. Congress.